, U.S. Department of Lebor Office of Labor-Management Standards Washington, DC 20210

EMPLOYEE REPORT

Form approved
Office of Management and Budget No. 1215-0168 Expires 11-30-2006

This report is mandatory under P.L. 66-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE EIGHTUCTIONS CAREFULLY BEFORE PREPARTIE THIS REPORT.

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1. File Number U - ///9/	2. Fiscal Year Covered From:		
state of the state	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name James James C Voye	Name International Brotherhood of Blectrical Worker		
	Labor Organization File Number 000-116		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 900 7th St. NW	Street 900 7th St. NW		
City Washington	City Washington		
State District of Columbia ZIP Code + 4 20001	State District of Columbia ZIP Code + 4 20001		
5. Position in labor organization. Director - Education & Rese	en e		
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	12.b. Amount.	\$118	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	$\frac{1}{2} \left(\frac{1}{2} \left$	
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Name of Person Filing Sames Voye		File Number U-	
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C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	and the second s	
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Name of Person Filing Saraes Vaye		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Marco Consulting Trade Name, if any: P.O. Box, Bidg., Room No., if any Suite 900 Street 5500 West Washington Blvd City Chicago State Illinois ZIP Code + 4 60661	Business deals with: A. Labor Organiza b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZiP Code + 4		ant to the IBEW with respect to the IBEW & its related pension The of such dealing.	
	12.b. Amount.	\$112	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZiP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultent ?	14.b. Amount of payment.		

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
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	12.b. Amount.	\$74	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.		
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13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing Sames Vaye		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
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C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
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